

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number: 09/335,742	Confirmation Number: 6824
	Filing Date: June 18, 1999	
	First Named Inventor: Marie-Pascale AUDOUSSET	
	Group Art Unit: 1751	
	Examiner: Margaret V. Einsmann	
	Attorney Docket Number: 05725.0429-00000	
Attorney Customer Number: 22,852		
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.		
1. Submission required under 37 C.F.R. § 1.114: <u>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, application must request non-entry of such amendment.</u> a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. i. <input type="checkbox"/> Consider the arguments in the Appeal Brief of Reply Brief previously filed on [Date] _____ ii. <input type="checkbox"/> Other _____ b. <input checked="" type="checkbox"/> Enclosed: i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement iv. <input type="checkbox"/> Other _____		
2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.) b. <input type="checkbox"/> Other _____		
3. Fees a. <input checked="" type="checkbox"/> The filing fee is calculated as follows: i. <input checked="" type="checkbox"/> \$770.00 RCE fee required under 37 C.F.R. § 1.17(e) ii. <input checked="" type="checkbox"/> Petition for extension of time for (1 Months) \$110.00 iii. <input type="checkbox"/> Other _____ b. <input type="checkbox"/> Check in the amount of \$(Text) enclosed. c. <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.		
<b>Signature of Applicant, Attorney, or Agent Required</b> Name: Maria T. Bautista Signature: <i>Maria Bautista</i> Reg. No.: 52,516 Date: August 6, 2004		
<b>Certificate of Mailing or Transmission</b> I hereby certify that this correspondence is being deposited with the United States Postal Service via facsimile transmitted to the U.S. Patent and Trademark Office on: August 6, 2004 Name: Jennifer Leveille Signature: <i>Jennifer Leveille</i> Date: August 6, 2004		

08/17/2004 ASELLMAN 0500002 050916 09335742 770.00 DA 01 FC:1801

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/335742

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	34 minus 20 = *	34
INDEPENDENT CLAIMS	7 minus 3 = *	4
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A	E		
Total	* 34 Minus	** 36	= 0
Independent	* 7 Minus	*** 7	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B			
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C			
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	648
X78=	312
+260=	
TOTAL	1720

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	5

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	